

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 16 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

27490

1. PLACE OF DEATH

County.....

Registration District No. **1003**

Township.....

Primary Registration District No. **7**

City.....

(No. **7000**)City **St. Louis**

File No.

Registered No. **7735**

St.

Ward)

2. FULL NAME

(a) Residence, No. **2213 Hickory**

(Usual place of abode)

Ward. **22**Length of residence in city or town where death occurred **64** yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF**Frances Beard**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan. 16 - 1869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

65**6****10**

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Nil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Nil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**St. Louis Mo**

FATHER

13. NAME

David Beard14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**Virginia**

MOTHER

15. MAIDEN NAME

Unknown16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**Mo**17. INFORMANT
(ADDRESS)**Wasp Lp. M. Kent City Wash DC**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **New St. Marcus** DATE **July 26** 193419. UNDERTAKER
(ADDRESS)**Wardner - Halden 21. 2. 20 2213 Hickory St. St. Louis**

20. FILED

2213 Hickory St. St. Louis

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 26 1934

22. I HEREBY CERTIFY That I attended deceased from

7/26

1934, to

7/26

1934

Last saw him alive on

7/26

1934. Death is said

to have occurred on the date stated above, at **7:15** m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Intestinal Obstruction from strangulated inguinal hernia

Other contributory causes of importance:

Chr. MyocarditisName of operation **inguinal Resection** Date of **7/26**What test confirmed diagnosis? Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury **19**

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

R. B. Linger

M. D.

(Address)

City Wash DC

